



Approved for use through 12/30/00, OMB 0851-0033  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

108195.128

As a below named inventor, I hereby declare that,  
My residence, mailing address and citizenship are stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and  
joint inventor (if plural names are listed below) of the subject matter which is described and claimed  
in patent number 5,670,745 granted March 9, 1999 and for which a  
reissue patent is sought on the invention entitled Gastro-Laryngeal Mask

the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_  
and was amended on \_\_\_\_\_  
(if applicable)

I have reviewed and understand the contents of the above identified specification, including the claims,  
as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in  
37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described  
below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

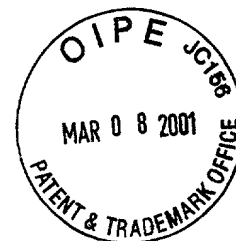
At least one error upon which reissue is based is described below. If the reissue is a broadening  
reissue, such must be stated with an explanation as to the nature of the broadening:

One error upon which the reissue is based is the omission of claims to a laryngeal mask construction that  
includes (A) a generally elliptical inflatable ring defining a distal end, the ring being adapted for sealed  
engagement to a laryngeal inlet of a patient; (B) a backing plate defining an air inlet, the backing plate  
being sealed to the ring, the backing plate establishing a laryngeal-chamber side and a  
pharyngeal-chamber side of the construction; (C) an inflatable back cushion disposed on the  
pharyngeal-chamber side, the back cushion when inflated contacting a pharyngeal wall of the patient and  
biasing the ring away from the pharyngeal wall; (D) a tubular conduit defining a distal end, the distal end  
of the tubular conduit being disposed near the distal end of the ring for communication with an  
esophageal inlet of the patient, a first portion of the conduit being adhered to a portion of the back  
cushion, a second portion of the conduit being adhered to a portion of the backing plate; and (E) one or  
more stiffening ribs, the ribs being disposed on a third portion of the tubular conduit, the third portion of  
the tubular conduit being disposed between the first and second portions of the tubular conduit.

(Page 1 of 2)


BURDEN HOUR STATEMENT: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comment on  
the content of this form you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC  
20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED " 254E0860



PTO/SQ/51 (10-00)  
Approved for use through 12/30/2000. OMB 0931-0033  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 108195.128	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
Richard A. Goldenberg		30,895	
Nancy Chiu		43,545	
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number		<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> Type Customer Number here	
		<div style="border: 1px solid black; padding: 5px; text-align: center;"> 23483</div>	
<input type="checkbox"/> Firm or <input type="checkbox"/> Individual Name		PATENT TRADEMARK OFFICE	
Address			
Address			
City		State	Zip
Country			
Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name)			
Archibald I.J. Brain			
Inventor's signature		Date	
Archibald I.J. Brain		6th March 2001	
Residence United Kingdom		Citizenship United Kingdom	
Mailing Address Sanford House, Fan Court Gardens, Longcross Rd., Chorsey, Surrey KT16 0DJ, United Kingdom			
Full name of second joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			
Full name of third joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.			

09803450 030801